



### Columbia Street Banner Application

Please complete this application to request a banner across Columbia Street, between 3<sup>rd</sup> and 4<sup>th</sup> Street, in downtown Lafayette. Banners are hung for a two-week period. While we will do our best to accommodate your request, please be aware that with an abundance of community event banners we may not be able to give you the dates that you have requested. If the exact dates you requested are unavailable, we will contact you to find an agreeable solution.

There are a few steps we would like to make you aware of to make the process simple. Please follow the checklist below. As always, you may contact us with any questions.

1. Contact the City of Lafayette Clerk's Office to schedule installation. Banners are only installed and removed on Tuesday, so please schedule your dates accordingly. Please drop off the banner at the City of Lafayette Traffic Department located at 258 S. 3<sup>rd</sup> Street 765-807-1401 two (2) weeks prior to the date you would like to have the banner hung.
2. Request approval from the Lafayette Board of Works and Public Safety, (765) 807-1021.
3. Contact your insurance agent to request a Certificate of Insurance to be provided to the City of Lafayette Clerks Department.
4. Banner size is 4'X30', should be double sided and have grommets. A variety of local printing and graphics companies are available for printing, visit <http://www.greaterlafayettecommerce.com/members/> and look for banners or printing.
5. **Installation Fee:** There is a \$50 installation fee due at the time of submission to the City Clerk's Office.

Name: SCOTT FREEMAN  
Organization: QUIRREHE MUSIC FESTIVAL  
Dates of Request: AUG 2 - 16, 2022  
Address: PO Box 176 LAF IN 47902  
Phone: (765) 532-0837 Email: SCOTTFREEMAN12@gmail.com

\*No political banner will be accepted.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Bundy McNear Insurance Agency Inc. 3595 Sagamore Pkwy N., Ste 4 P. O. Box 446 Lafayette IN 47902-0446	<b>CONTACT NAME:</b> Steve Curtis <b>PHONE (A/C, No, Ext):</b> (765) 742-4031 <b>FAX (A/C, No):</b> (765) 742-7315 <b>E-MAIL ADDRESS:</b> Steve@bundy-mcnear.com														
<b>INSURED</b> Ouibache Music Festival, Inc. PO Box 176 Lafayette IN 47902	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Arlington/Roe &amp; Co., Inc.</td><td>1512</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Arlington/Roe & Co., Inc.	1512	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES****CERTIFICATE NUMBER:** 22KMK111921**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			NBP2552594C	02/19/2022	02/19/2023	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$				
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						PRODUCTS - COMP/OP AGG \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Lafayette is Additional Insured

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF LAFAYETTE 20 N. 6TH ST. LAFAYETTE IN 47901	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b> <b>AUTHORIZED REPRESENTATIVE</b> 
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MISCELLANEOUS PAYMENT RECPT#: 3042410  
City of Lafayette, IN  
20 N 6th St  
Lafayette IN 47901

DATE: 01/12/22 TIME: 11:26  
CLERK: mmiller DEPT:  
CUSTOMER#: 999  
MISC CUSTOMER  
COMMENT:

CHARGES:  
BANF BANNER INSTALLM 50.00  
AMOUNT PAID: 50.00

PAID BY: OUIBACHE BANNER  
PAYMENT METH: CREDIT CARD  
V#9246 EX 0625

REFERENCE:

AMT TENDERED: 50.00  
AMT APPLIED: 50.00  
CHANGE: .00